

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/694 448
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	42		40			
TOTAL CLAIMS	45		43			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						